



PTO/SB/81 (06-03)

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Application Number	10/791.125
Filing Date	03/02/2004
First Named Inventor	Fernandes, Alfred
Title	Lifetime Solution for Hip Dysfunction
Art Unit	
Examiner Name	
Attorney Docket Number	702.164

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Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Alfred Fernandes (deceased) by Carol Fernandes, executrix of his estate		
Signature	<i>Alfred Fernandes (deceased) by Carol Fernandes, executrix of his estate</i>		
Date	7-27-04	Telephone	(813) 558-8266

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



\*Total of 1 forms are submitted.

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